



NaviNet Care Gaps Response Form Provider Guide

**Provider Guide:
Care Gaps Response Form**

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Please note that this guide contains fictitious member and provider data for illustrative purposes.

Care Gaps Response Form

The Care Gaps Response Form functionality allows providers using the NaviNet portal to enter Care Gap resolution data online. This data will be captured and stored along with any supporting documentation. Providers will be able to retrieve and report on specific Care Gap changes. Verified Care Gap resolution updates will be applied in real-time within NaviNet to prevent Care Gaps from continuing to appear as alerts.

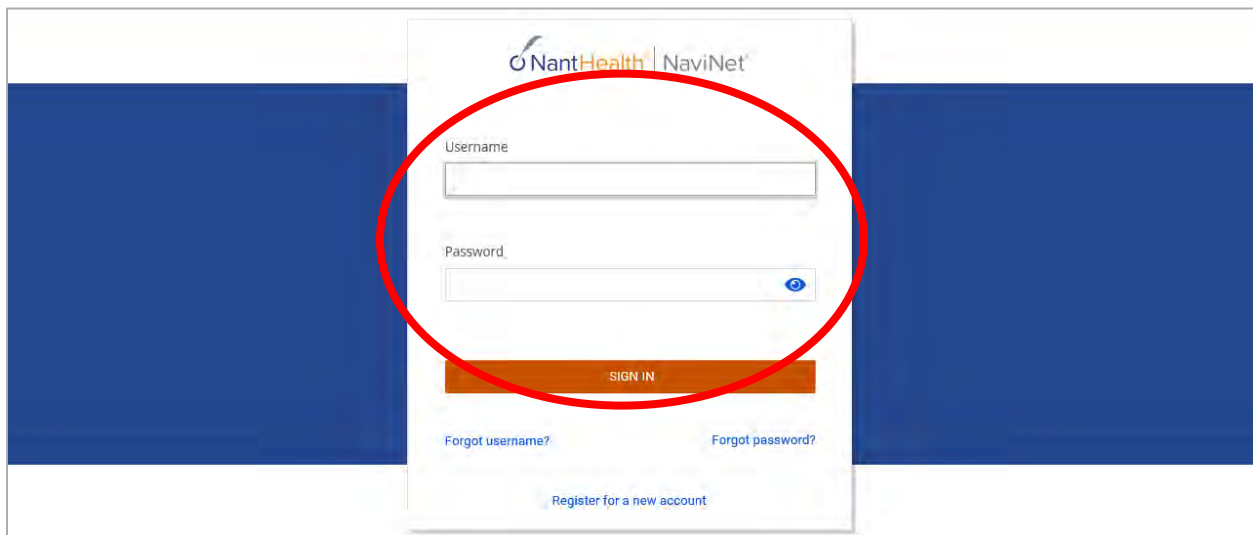
Before You Begin

1. NaviNet Permissions - Contact your NaviNet Security Officer to confirm proper access and to enable Document Exchange.
2. Filter by Providers for Optimum Access

You can view and access documents submitted by all providers associated with your office, or you can specify a list of providers whose documents you prefer to see. You can save this list of providers to be used by default anytime you access the Patient or Practice Document dashboards. To learn more about your access options, please log into NaviNet and visit <https://support.nanthhealth.com/health-plans/navinet-open/user-guide/provider-filter>.

Log-In to NaviNet

1. Open your Internet browser.
2. Go to <https://navinet.navimedix.com>.
3. Log-in to NaviNet by entering your **Username** and **Password** and then clicking **Sign In**.

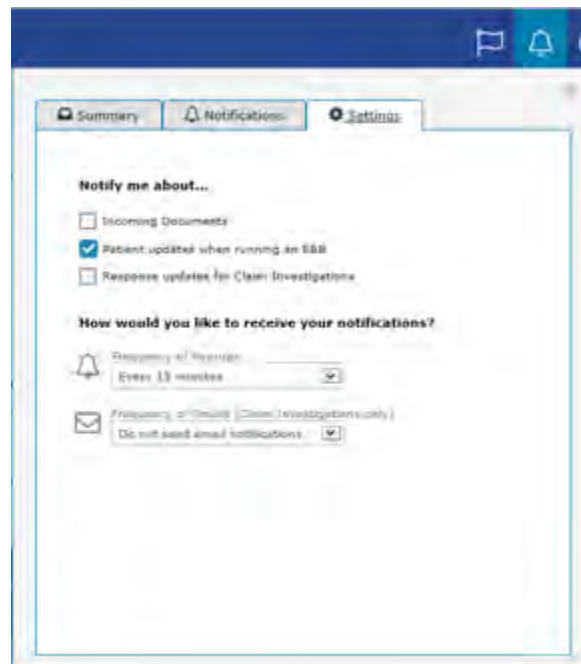


Submit Care Gap Response Information via Patient Clinical Documents Workflow

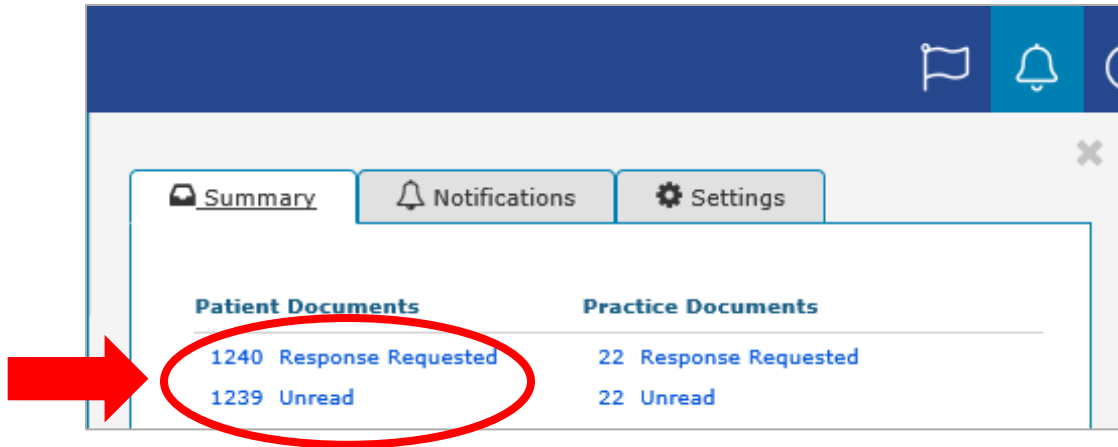
Once you are successfully logged into NaviNet, you can see your alerts for unresolved Care Gaps by clicking on the **Activity** tab.



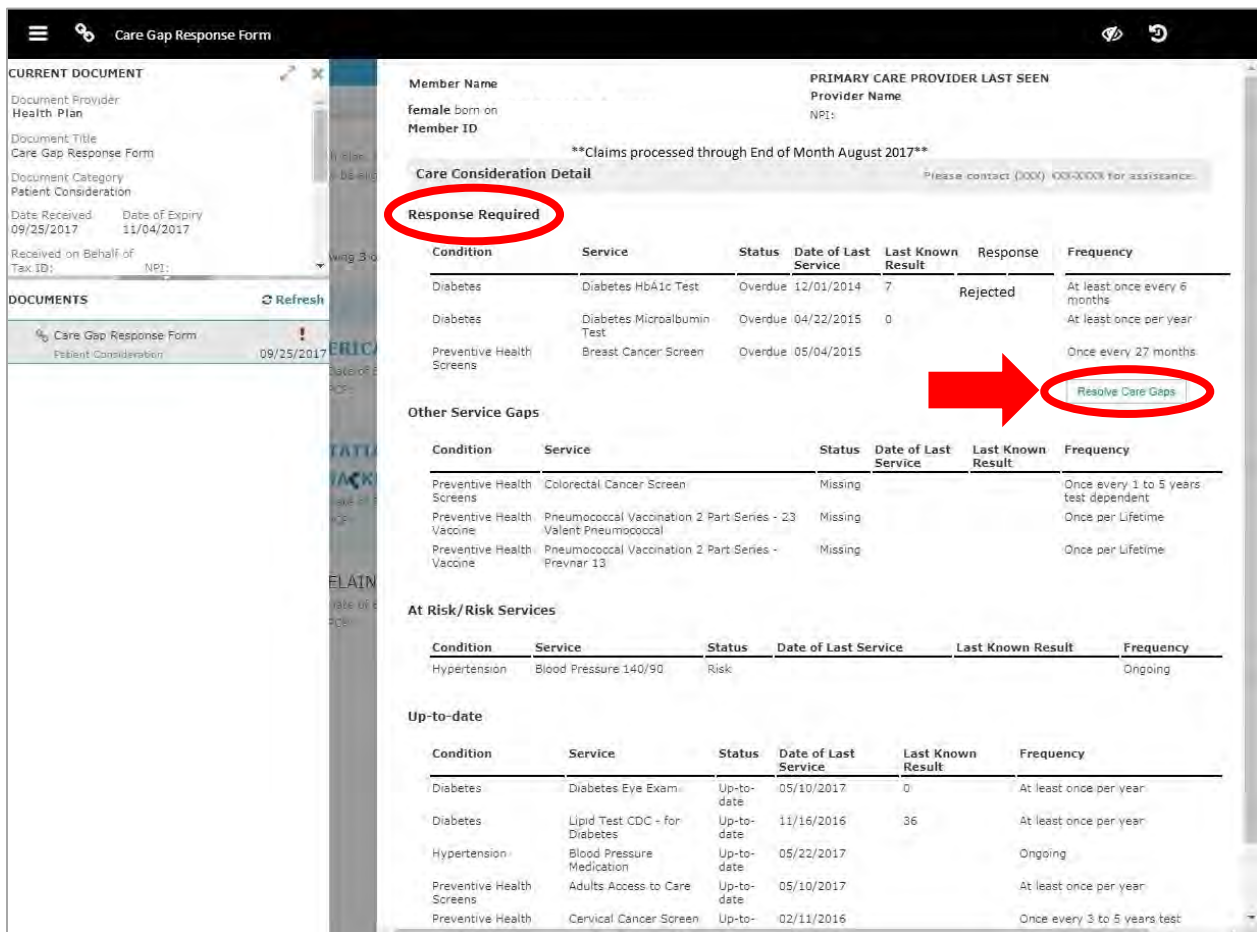
Note that under **Settings**, you can select the frequency you prefer for receiving pop-up notifications.



In the Summary tab of the Activity window, click on **Response Requested** or **Unread**. This opens the **Care Consideration Detail** screen. This screen contains detailed information on a patient's Care Gaps. The **Care Consideration Detail** screen automatically defaults to the first member on the list.



Review the **Care Consideration Detail** screen and click on **Resolve Care Gaps** to work on the actionable items under **Response Required**.



Navigating the Screen

The screenshot shows a healthcare dashboard with several sections and navigation elements. Red boxes and arrows highlight key features:

- Toolbar:**
 - Top left: A hamburger menu icon and a "Toggle full-screen view" button.
 - Top right: "Mark Unread", "View History", and "Close Viewer" buttons.
- Current Document Panel (Left):**
 - Document Provider: Health Plan
 - Document Title: Care Gap Response Form
 - Document Category: Patient Consideration
 - Date Received: 09/25/2017, Date of Expiry: 11/04/2017
 - Received on Behalf of: Tax ID: NPI:
 - DOCUMENTS: Document List, Refresh
 - Care Gap Response Form: Patient Consideration, 09/23/2017
 - Response Required (indicated by a red box and arrow)
- Main Content Area:**
 - Member Name: female born on [redacted]
 - PRIMARY CARE PROVIDER LAST SEEN: Provider Name NPI: [redacted]
 - Member ID: [redacted]
 - **Claims processed through End of Month August 2017**
 - Care Consideration Detail: Please Contact (XXX) XXX-XXXX for assistance.
 - Response Required Table:

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months
 - Other Service Gaps Table:

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years test dependent
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Prevnar 13	Missing			Once per Lifetime
 - At Risk/Risk Services Table:

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Hypertension	Blood Pressure 140/90	Risk			Ongoing
 - Up-to-date Table:

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Diabetes	Diabetes Eye Exam	Up-to-date	05/10/2017	0	At least once per year
Diabetes	Lipid Test CDC - for Diabetes	Up-to-date	11/16/2016	36	At least once per year
Hypertension	Blood Pressure Medication	Up-to-date	05/22/2017		Ongoing
Preventive Health Screens	Adults Access to Care	Up-to-date	05/10/2017		At least once per year
Preventive Health	Cervical Cancer Screen	Up-to-	02/11/2016		Once every 3 to 5 years test
 - Buttons: "Click to Resolve Care Gaps" and "Resolve Care Gaps" (indicated by a red box and arrow).

Toolbar

- The top left side of the toolbar allows you to toggle to the full screen view.
- The top right side of the toolbar has an option that allows you to mark the current document as unread.

Current Document

- This section on the left side of the screen will allow you to view information such as:
 - Health Plan that sent the document
 - Document title
 - Document category
 - Line of business
 - Document name
 - Received and expiry dates
 - Documentation routing
 - Tag information
- You can expand the window to see any hidden information.

Documents

- Located mid-left screen is the documents section. This section allows you to view and enlarge the selected record by clicking on a document row link.
- Unread documents are highlighted with a blue bar and text.
- Documents for which a response is required are marked with a red exclamation point.

You can click on **Patient Clinical Documents** under the **Workflow** tab to see the list of patients with documents available for you to work.

Workflows

Patient Clinical Documents

Practice Documents

Practice/Patient Documents Update:

You are no longer required to attest to billing entities and/or clinicians in order to access Care Gap, ICM and ADT Alert documents. The attestation step has been removed.

In addition, you can now use an enhanced provider filter that allows you to specify a list of providers associated with your office whose documents you prefer to see and save the list to be used by default any time you access the Patient (Care Gaps, ICM, ADT Alerts) or Practice (ICM) Document dashboards.

Click on the Providers Filter video below, or click here to access a step-by-step guide, on using the provider filter!

Below please find Training Videos that have been created to assist users with some of the new functionality that we have built, specifically for :

Patient Clinical Documents

These documents are provided by the patient's health plan. Many of them are questionnaires or forms that require an uploaded response. Depending on the contracts that your providers have in place, they may be eligible for incentives when these documents are completed and returned.

Showing 400 of 1239 patients

Sort by: Patient Last Name, Payer, Last Document Received

Member Name	Date of Birth:	PCP:	1 document	Received:
Member Name			1 document	Received: From:
Member Name			1 document	Received: From:
Member Name			1 document	Received: From:
Member Name			1 document	Received: From:
Member Name			1 document	Received: From:

Filtering and Sorting

You can filter the member list by:

- Patient last name
- PCP
- Date Received
- Response Status
- Document Category : Select Patient Consideration for Care Gaps.
 - Line of Business
 - Document Tags: Type Care Gap to filter the list on the same.

Filter by

Patient's last name

PCP

Date Received

Unread

Response Status
 Awaiting Response
 Response Sent

Health Plan

Document Category
 Clinical Summary
 Patient Consideration

Line Of Business
 Commercial
 Dual Eligibles
 Medicaid
 Medicare
 Other

Document Tags

 No tags selected

You can also sort the list by Patient's last name, Payer, and Last Document Received.

View/Print List

Showing 14 of 14 patients Sort by: Patient Last Name

Clinical Documents		
Member Name	Count	Last Document Received
Member Name Date of Birth: 10/17/1999 PCP: Provider Name	1	Sep 27, 2017
Member Name Date of Birth: 03/27/1998 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 10/26/1953 PCP: Provider Name	1	Sep 24, 2017
Member Name Date of Birth: 01/03/2014 PCP: Provider Name	1	Sep 29, 2017

You can select any patient's name to open the **Care Consideration Detail** screen (below) for that patient.

The **Care Consideration Detail** screen will display all the Care Gaps for the selected patient as of the last month's load. You can see the patient's information, PCP (your) information, and Care Manager's name and number. If no Care Manager is assigned to the patient, you will see a phone number to call to participate in the "Let Us Know program" and receive support with reaching the patient.

Please respond to all the Care Gaps listed in the **Response required** section by clicking **Resolve Care Gaps**. This opens the **Care Gap Response Form** in a new pop-up window.

Any Care Gaps appearing in sections other than **Response required** are informational only.

Care Gap Response Form

CURRENT DOCUMENT

Document Provider: Health Plan
 Document Title: Care Gap Response Form
 Document Category: Patient Consideration
 Date Received: 09/25/2017, Date of Expiry: 11/04/2017
 Received on Behalf of: Tax ID: NPI:

DOCUMENTS

Care Gap Response Form - Patient Consideration - 09/25/2017

Member Name: [Redacted] **PRIMARY CARE PROVIDER LAST SEEN**: [Redacted]
Female born on [Redacted] **Provider Name**: [Redacted]
Member ID: [Redacted] **NPI**: [Redacted]

Care Consideration Detail Please contact (XXX) XXX-XXXX for assistance.

Response Required

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months

[Resolve Care Gaps](#)

Other Service Gaps

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Preventive Health Screens	Colorectal Cancer Screen	Missing			Once every 1 to 5 years test dependent
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	Missing			Once per Lifetime
Preventive Health Vaccine	Pneumococcal Vaccination 2 Part Series - Prevnar 13	Missing			Once per Lifetime

At Risk/Risk Services

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Hypertension	Blood Pressure 140/90	Risk			Ongoing

Up-to-date

Condition	Service	Status	Date of Last Service	Last Known Result	Frequency
Diabetes	Diabetes Eye Exam	Up-to-date	05/10/2017	0	At least once per year
Diabetes	Lipid Test CDC - for Diabetes	Up-to-date	11/16/2016	36	At least once per year
Hypertension	Blood Pressure Medication	Up-to-date	05/22/2017		Ongoing
Preventive Health Screens	Adults Access to Care	Up-to-date	05/10/2017		At least once per year
Preventive Health	Cervical Cancer Screen	Up-to-date	02/11/2016		Once every 3 to 5 years test

On the **Care Gap Response Form** (below), you can see Member Details, PCP Assigned, and all the **Response Required** Care Gaps for this member.

Provider Self-Service Appia

Health Plan Please contact (XXX) XXX-XXXX for assistance.

Member & PCP Details

Member Details

Name : Member Name
 ID :
 Age/DOB :
 SSN (last 4 digits):
 Phone :

PCP Assigned

Name : Provider Name
 Address :
 Phone :

** Claims Processed Through End of Month August 2017 **

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Completing the Care Gap Response Form

Select the Care Gap to work by checking the box to the left of the Care Gap. Depending on the Care Gap type, you will be prompted to verify service delivery or request an exclusion.

You will be required to enter the **Date Complete** to confirm the service delivery, and you can add the **Result**, if appropriate. The **Result** field is not mandatory. To verify the service delivery for a specific Care Gap you will be required to attach one of the documents listed.

Note that:

- You may attach a maximum of two documents.
- The size of each document must be 3 megabytes (3 MB) or less.
- Accepted file formats are .jpg, .pdf, and .doc.

Alert Service(s) - Due Soon/Over Due/Missing - Response Required

<input type="checkbox"/>	Service	Status	Date of Last Service	Last Known Result	Frequency	Provider Response Status
<input checked="" type="checkbox"/>	Diabetes Microalbumin Test	Overdue	4/22/2015	0	At least once per year	
<input type="checkbox"/>	Diabetes HbA1c Test	Overdue	9/5/2017	7	At least once every 6 months	Submitted
<input type="checkbox"/>	Breast Cancer Screen	Overdue	5/4/2015		Once every 27 months	

Service: Diabetes - Diabetes Microalbumin Test

Date Complete*

Result (if appropriate)

250 characters remaining

Please attach one of the below documents to verify service delivery*

- Copy of laboratory report
- Copy of medical record displaying date of microalbumin test and result
- Copy of medical record documenting visit to nephrologist and visit date
- Copy of medical record documenting renal transplant ESRD CKD
- Copy of medication list showing prescription of ACE/ARB medication

No file chosen

You will have to attest that all the information on the form is true and accurate prior to submitting by checking the box below **Please Attest Below**.

Please Attest Below*

I hereby attest that the above information is true and accurate

Date: 23/10/2017

Would you like assistance with this member?(optional)

Yes
 No


Existing Supporting Documents

List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	Document Type

Requesting an Exclusion

The provider can request an exclusion for Care Gaps such as the Breast Cancer Screen, Cervical Cancer Screen, and Chlamydia Screen in women. If you are reviewing one of these Care Gaps and need to request an exclusion, click on **Request an exclusion**. The form will populate with the documentation needed based on the selected Care Gap, and you will attach the supporting documentation.

 Please review Quality reviewer's response before resubmitting the response

Service: Preventive Health Screens - Breast Cancer Screen

Please select one *

Confirm Service Delivered Request an exclusion

Please attach one of the below documents to request for exclusion

Copy of medical record documenting bilateral mastectomy including date of procedures

Please attach document(s) to support reason of exclusion

No file chosen

Add Note (Optional)

Existing Provider/Quality Reviewer's Notes

Date	Entered By	Role	Details
9/25/2017 4:20:59 PM	sa21591	Quality Reviewer	R note 420 PM
9/25/2017 10:21:07 AM	bkaur5	Provider	The breast cancer screen was conducted on time

2 items

Please Attest Below *

I hereby attest that the above information is true and accurate

Date: 09/28/2017

Would you like assistance with this member?(optional)

Yes
 No

Existing Supporting Documents

List of Supporting Documents uploaded and Submitted in an earlier session

Document Link	Document Type
CCS.pdf	EXCLUSION: Copy of medical record documenting bilateral mastectomy including date of procedures

1 item

Reviewing the Status of a Care Gap

Once you have submitted the **Care Gap Response Form**, a Quality Reviewer from our team will review the information provided and return a status of Approved or Rejected based upon the attached documentation. Once the Care Gap Response has been approved, the record or alert will no longer appear in your queue. Any approved record will move to the “up-to-date” section in the **Care Consideration Screen** for that member, while rejected responses will show Rejected in the **Response** column.

The Care Gap status can be reviewed in the **Response** column of the **Care Consideration Detail** screen. This field will display one of the following:

- Saved/not submitted: You have saved your response but did not submit it yet.
- Submitted: You have completed all necessary steps and submitted the information.
- Response Required: You have not yet responded to the Care Gap.
- Rejected: Your response has been rejected by the Quality Reviewer.

The screenshot shows the 'Care Consideration Detail' screen for a member. At the top, it displays member information: 'Member Name: female born on 09/02/1955 (62 yrs old)', 'Member ID', and 'PRIMARY CARE PROVIDER LAST SEEN' with 'Provider Name' and 'NPI:'. A note states '**Claims processed through End of Month August 2017**'. Below this is a 'Care Consideration Detail' section with a 'Please contact (XXX) XXX-XXXX for assistance.' link. The main section is titled 'Response Required' and contains a table with the following columns: Condition, Service, Status, Date of Last Service, Last Known Result, Response, and Frequency. The 'Response' column is circled in red. The table lists three care gaps: 1) Diabetes with 'Diabetes HbA1c Test' service, 'Overdue' status, '12/01/2014' date, '7' last known result, and 'Rejected' response. 2) Diabetes with 'Diabetes Microalbumin Test' service, 'Overdue' status, '04/22/2015' date, '0' last known result, and no response. 3) Preventive Health Screens with 'Breast Cancer Screen' service, 'Overdue' status, '05/04/2015' date, and no response. A 'Resolve Care Gaps' button is located at the bottom right of the table.

Condition	Service	Status	Date of Last Service	Last Known Result	Response	Frequency
Diabetes	Diabetes HbA1c Test	Overdue	12/01/2014	7	Rejected	At least once every 6 months
Diabetes	Diabetes Microalbumin Test	Overdue	04/22/2015	0		At least once per year
Preventive Health Screens	Breast Cancer Screen	Overdue	05/04/2015			Once every 27 months

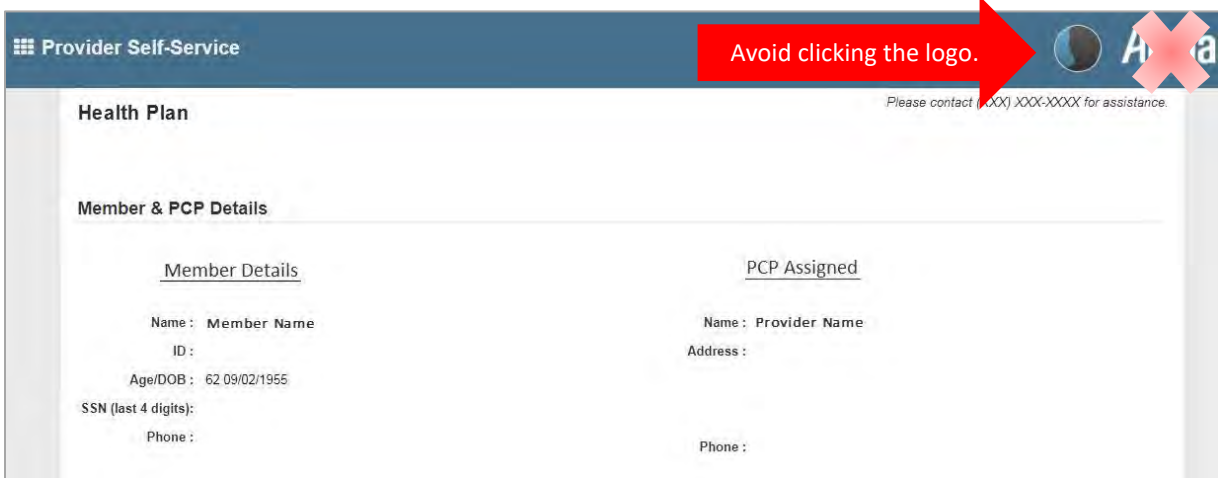
If your Care Gap Response is rejected:

- You will see a new alert in the **Activity** tab in NaviNet.
- On the **Care Consideration Detail** screen for that patient, you will see the status in the **Response** column as **Rejected**.
- Once in the **Care Gap Response Form**, select the rejected Care Gap and read the Quality Reviewer’s notes before resubmitting your response.
- The notes grid in the form will include all previous comments related to the Care Gap from both you and the Quality Reviewer.
- You can click **Resolve Care Gaps** to work that Care Gap again.

The Care Gap will not be removed from your list until approved by the Quality Reviewer.

Important Notes

- Once the Care Gap Response Form has been completed you can choose to **Submit** or **Save for now**. Responses saved for now will remain active for 30 days only.
- Avoid clicking on the **Appian** logo on the **Care Gap Response Form** as this will cause the the screen to auto-refresh.



The screenshot shows the 'Provider Self-Service' header. A red arrow points to the Appian logo with the text 'Avoid clicking the logo.' A red 'X' is placed over the Appian logo. The main content area is titled 'Health Plan' and includes a sub-section 'Member & PCP Details'. Under 'Member Details', there are fields for Name, ID, Age/DOB (62.09/02/1955), SSN (last 4 digits), and Phone. Under 'PCP Assigned', there are fields for Name, Address, and Phone. A small text at the top right says 'Please contact (XXX) XXX-XXXX for assistance.'

- When the **Care Gap Response Form** remains inactive for more than 60 minutes, a pop-up warning will appear to notify you that your session is about to expire. To remain active, select **Resume** within 5 minutes of the notification to continue to work the Care Gaps.



- The form will time-out within 5 minutes if you do not click **Resume**. The log in screen below will appear once you have timed out. You will need to close this window and instead log into NaviNet.

Access Care Gap Information via Eligibility and Benefits Inquiry

Alert-related information on a member will be available to the PCP via the **Eligibility and Benefits Inquiry**.

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and dropdown menus for 'WORKFLOWS' and 'HEALTH PLANS'. On the left, a sidebar menu titled 'Workflows for this Plan' lists various options. The 'Eligibility and Benefits Inquiry' option is circled in red, and a red arrow points to it. Other options in the menu include Claim Status Inquiry, Claim Submission, Report Inquiry, Provider Directory, Referral Submission, Referral Inquiry, Pre-Authorization Management, Forms & Dashboards, and Provider Data Information Form. Below the menu, there are sections for 'FAQs' and 'Practice/Patient Documents Update:'. The 'Practice/Patient Documents Update' section contains text about maintenance and an enhanced provider filter. Below this, there is a section for 'Training Videos' with five video thumbnails: Providers Filter, Claims Investigation, ICM, Care Gaps, and ADT Alerts. On the right side, there are sections for 'Resources' (Billing, HEDIS MY 2020/2021 Documentation and Coding Guidelines), 'Forms' (Provider Forms), and 'Contact Us'.

After selecting your health plan, enter the member's ID or search by a combination of name and date of birth.

The screenshot shows the 'Eligibility and Benefits: Patient Search' form. At the top, there is a heading 'Eligibility and Benefits: Patient Search'. Below the heading, there is a paragraph of text: 'Medicaid is the payer of last resort. To be considered for payment, any claim submission must include a valid EOB or evidence of non-coverage from any and all other insurance plans under which the member is currently insured.' Below this, there is a line of text: 'You may enter the member ID #, contract #, social security #, Medicaid ID #, Medicare ID # or HICN # in the Member ID field.' Below this, there is a section titled 'Search by Member ID' which is circled in red. This section contains a text input field labeled 'Member ID' with the value '1111111'. Below this, there is a horizontal line with the word 'OR' in the center. Below this, there is a section titled 'Search by Name'. This section contains three text input fields: 'Last Name', 'First Name', and 'Date of Birth'. The 'Date of Birth' field has a placeholder 'mm/dd/yyyy'.

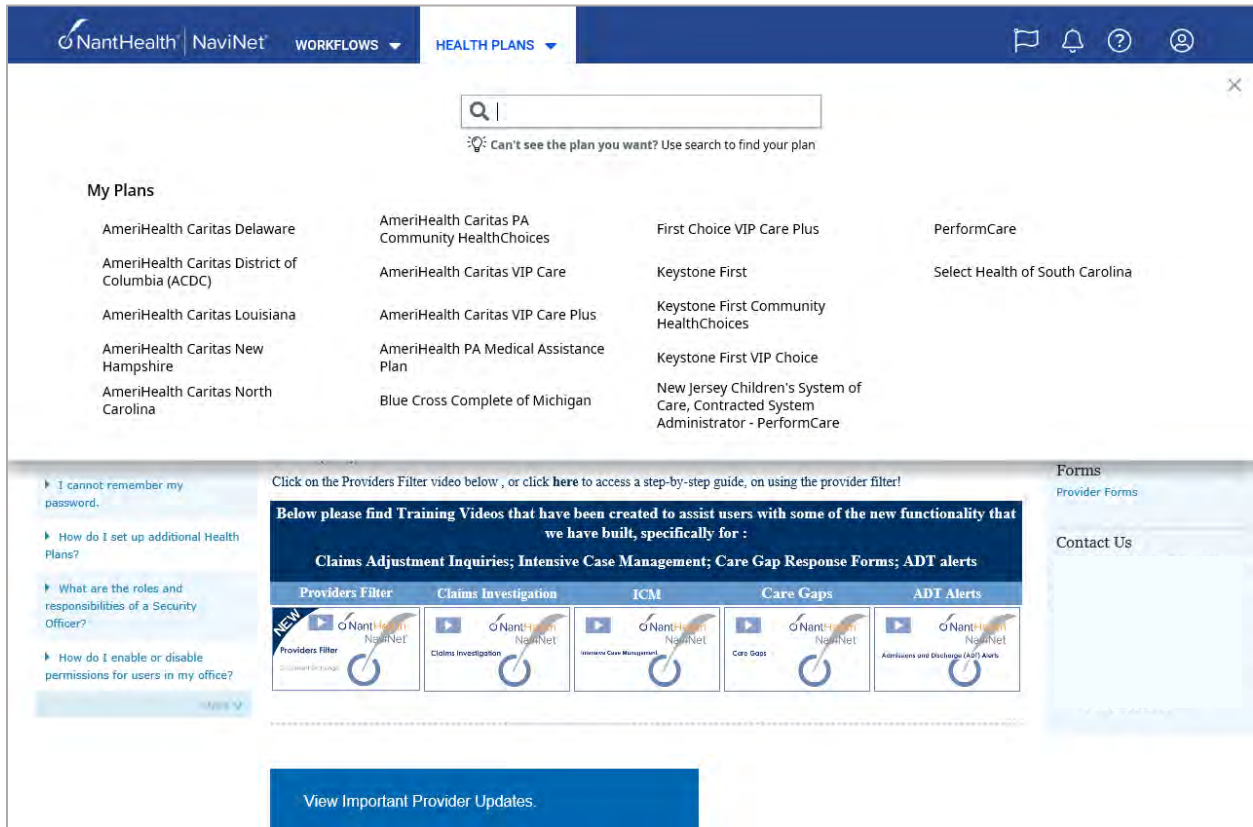
The resulting **Patient Details** screen will have a section with the Care Gap Alert noted as a **Critical Quality Incentive** for that member. A read only version of the Care Gap worksheet will appear once the pop-up alert is selected. The write and fax functionality will not be available on this worksheet.

Click on **Clinical Documents** to address any Care Gaps for that member. This link will open **the Care Consideration Detail** screen for that member. This link may take some time to appear due to the amount of data located under **the Care Consideration Detail**.

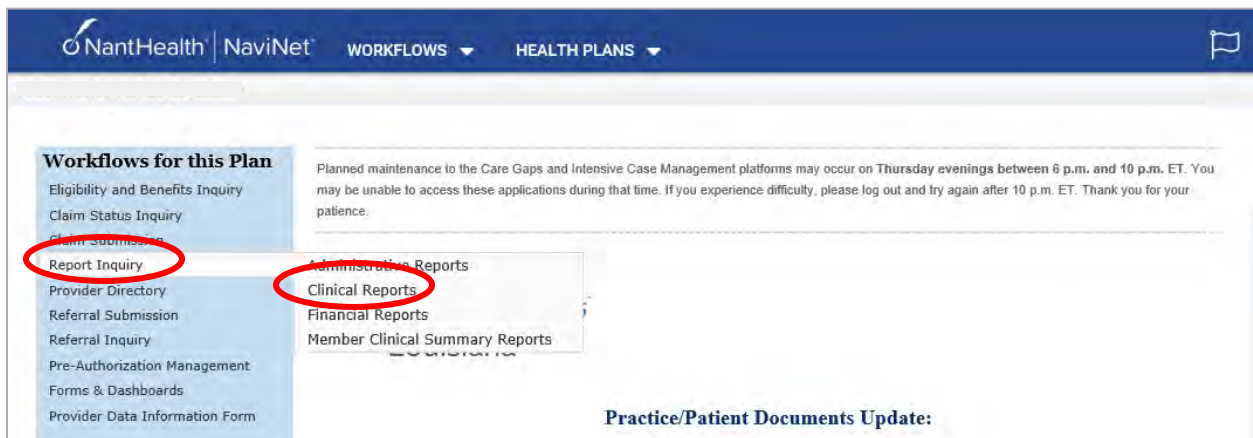
The screenshot shows the NantHealth NaviNet interface for the 'Eligibility & Benefits' section. At the top, there is a navigation bar with 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. Below this, a breadcrumb trail shows '< Back to Patient Search | Eligibility & Benefits'. The main content area displays 'Eligibility and Ben' and a 'Patient Alert Details' pop-up window. The pop-up window contains two items: 'Care Gap fo' and 'PCP History for'. A red arrow points from the text 'Opens read-only Care Gap Worksheet.' to the pop-up window. Below the pop-up, the member's status is shown as 'Active from 03/01/2012 to 12/31/2199' with a '1' in a red box. A red arrow points from the text 'Opens Care Consideration Detail screen where you can work Care Gaps.' to this '1'. The bottom section of the screen is titled 'Health Benefit Plan Coverage' and shows 'Benefit Status: Active Coverage' and 'Eligibility Begin Date: 03/01/2012'. A 'Benefits' sidebar on the left lists various coverage options like 'Brand Name Prescription Drug', 'Chiropractic', 'Dental Care', 'Emergency Services', and 'Generic Prescription Drug'.

Access Care Gap Information via Care Gap Query Reports

Login to NaviNet and choose the desired health plan.



Select **Report Inquiry** from the left hand pane, and choose **Clinical Reports** from the dropdown menu.



Clinical Report Inquiry

Select Report:

- Admit Report
- Admit Report RollUp
- Care Gap Query
- Care Gap Query RollUp
- Care Manager Report
- Discharge Report
- Discharge Report RollUp
- ER Utilization Report
- HEDIS Improvement Campaign Query
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- QEP Perinatal Report
- QEP Report Card
- QEP Specialty Usage Report
- Single Service Care Gap Query

Please note, to request CSV or Excel report file you must have the MS Excel application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer.

Select **Care Gap Query** from the dropdown menu and make appropriate selections on the following screen to receive the detailed Care Gap report. The **Care Gap Query Report** will display all of that member's Care Gaps.

Care Gap Query v. 1.0.4

Instructions
Please enter your search criteria, and click "Search". * Indicates Required Fields.
NOTE: if your browser has an active popup blocker you may need to turn it off to receive the report.

Provider/Member Information

* Choose a Provider Group:

Choose a Provider:

Report Criteria

Conditions:

Status: Missing, Non-Compliant, Overdue and At Risk
 Missing
 Non-Compliant
 Overdue
 At Risk
 Due Soon
 Series Incomplete
 Up-to-date
 Alert
 Risk

Age Ranges: All
 < 12 yrs
 12 - 21 yrs
 > 21 yrs

Select Report Type: PDF
 Excel or CSV (Downloadable)

Select Sort Options:

Last Update: 05/14/2020 v.1.0.4

Important Notes

The **Care Gap Query Report** displays the complete data set for Care Gaps by default. The following reports are sub-sets of the **Care Gap Query Report**. All of these reports are read-only.

- HEDIS Improvement Query
- Member Alert Standalone Care Gap Request

Single Care Gap Query Each of these reports displays the following columns:

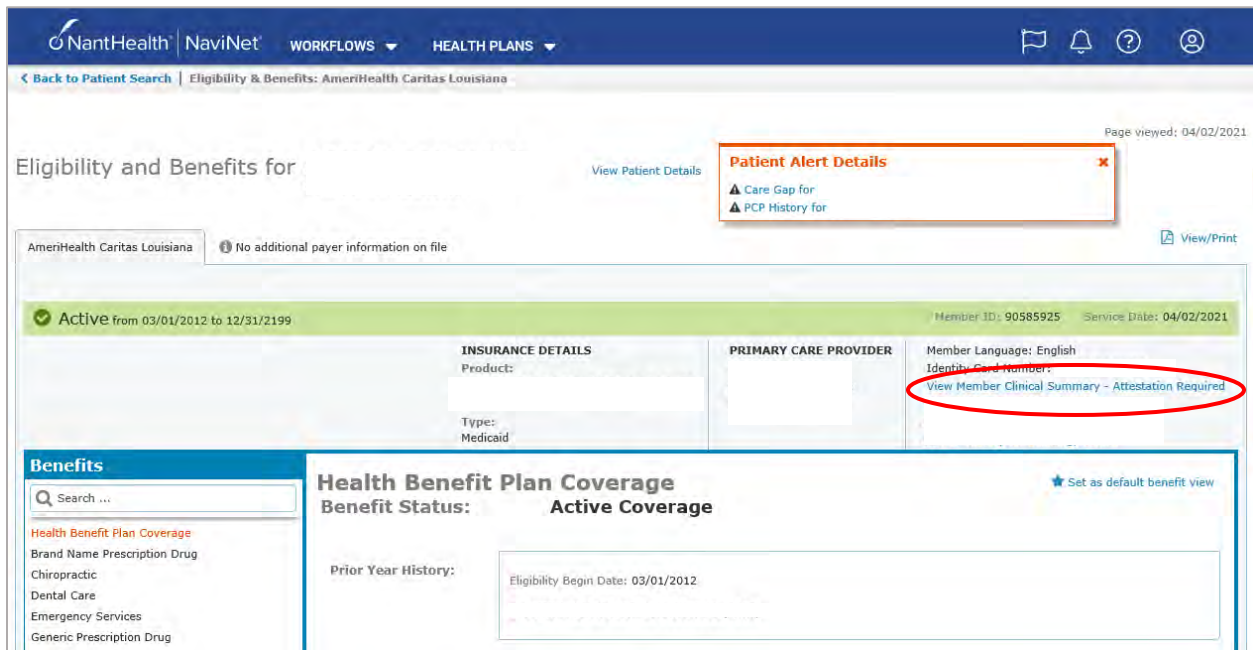
- Provider ID
- Member ID
- Date of Birth
- Member Information
- Service, Status
- Rule of Frequency
- Last Service Date
- Care Gap Update Status

Access Care Gap Information via the Member Clinical Summary Report

Log-in to NaviNet and select a health plan. Select **Eligibility and Benefits Inquiry** option.



Enter the Member ID. On the **Patient Search** screen, click on **View Member Clinical Summary**.



The **Member Clinical Summary** will show Care Gap statuses as *compliant* and *non-compliant*.

Gaps in Care					
Condition	Service	Status	Last Service	Next Service	Rule
Hypertension	Blood Pressure 140/90	Compliant			Ongoing
Hypertension	Blood Pressure Medication	Compliant	3/18/2017		Ongoing
Preventive Health Screens	Colorectal Cancer Screen	Non-compliant			Once every 1 to 5 years test dependent

Please Note: Perform RX care gaps will show additional statuses of *Up-to-date*, *Series Incomplete*, or *Missing*.



www.selecthealthofsc.com

SHSC-18147314

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First Choice, PO Box 40849, Charleston, SC 29423 | www.selecthealthofsc.com | Member Services Toll Free: 1-888-276-2020
Si usted necesita esta información en español, por favor llame al 1-888-276-2020. We help people get care, stay well and build healthy communities.